



# Louisiana Board of Pharmacy

3388 Brentwood Drive  
Baton Rouge, Louisiana 70809-1700

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## Application for Renewal of Louisiana CDS License for Practitioners

- Please select category:
- APRN (\$45 - \$55\*)    DDS (\$45 - \$55\*)    DPM (\$45 - \$55\*)    DVM (\$20 - \$30\*)
- INT (\$45 - \$55\*)    MD (\$45 - \$55\*)    MDT (\$45 - \$55\*)    MP (\$45 - \$55\*)
- OD (\$45 - \$55\*)    PA-C (\$45 - \$55\*)    RNT (\$45 - \$55\*)

\* \$10 late fee due when application received in Board office more than 30 days after expiration date of CDS license

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First Middle

Louisiana CDS License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Professional License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

DEA Registration No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Practice Address

Mailing Address

Address-1 \_\_\_\_\_ Address-1 \_\_\_\_\_

Address-2 \_\_\_\_\_ Address-2 \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Facsimile \_\_\_\_\_ Facsimile \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

**CDS Schedules Requested:**

- Schedule I [requests for therapeutic marijuana require approval from La. State Board of Medical Examiners]
- Schedule II [includes II-N]    Schedule III [includes III-N]    Schedule IV
- Schedule II-N [non-narcotic only]    Schedule III-N [non-narcotic only]    Schedule V

**Since the last renewal of your CDS license:**

Have you been convicted of a felony in connection with controlled substances under any state or federal law?

- Yes    No

Have you surrendered a state or federal controlled substance registration OR has such a credential been suspended or revoked by any government agency?

- Yes    No

Have you had any professional license disciplined by any licensing agency for any reason related to controlled substances?

- Yes    No

An affirmative reply to any of these questions requires two attachments: your personal letter of explanation, as well as certified copies of documents from the relevant court or government agency.

I hereby request the renewal of my CDS license, which reflects my authority to procure, possess, and/or prescribe controlled substances, in compliance with the Louisiana Uniform Controlled Substances Law as well as the relevant rules from the Board of Pharmacy. I understand the additional authority to dispense controlled substances shall require compliance with the relevant rules from my primary professional licensing agency.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
[Original required – no stamps or proxies permitted]